

# **LTCIP Advisory Group Meeting**

## **Summary Notes**

### **June 30, 2004**

**I. Welcome and introductions** – Twelve members present representing the following agencies: San Diego Association of Non-Profits, Aging and Independence Services-LTCIP, Nursing Home Ombudsman, AARP State Legislative Committee & Health/LTC Sub-committee, Healthy San Diego, HHSA-Regional Management, In-Home Supportive Services, CA Nursing Association/Case Management Society of America, AIS Advisory Council, CA Association of Health Plans, and IHSS Public Authority.

Purpose of today's meeting: Ratify approval of three Planning Committee recommendations (see Action Items below). Today's PowerPoint presentation, revised mental health and substance abuse rationale page and AAP Final Draft are available on the LTCIP website or can be requested by calling 858-495-5428.

## **II. Legislative Update**

SB 1671 ("Cal Care Options") - Bill would require the Department of Health Services to develop and administer, in consultation with the federal Centers for Medicare and Medicaid Services, a demonstration project that integrates Medicare and Medi-Cal funding streams, medical benefits, and long-term care services for dually eligible persons. This bill would allow for a MassSCO type replication and represents a potential funding opportunity for LTCIP HSD+ strategy. The bill has been amended several times since it was introduced in February. Bud Sayles, LTCIP stakeholder, testified at a recent hearing as a consumer advocate in support of state and county efforts to integrate and improve care for the elderly and disabled. LTCIP staff continues to work with County legislative analysts to track bill progress and suggest appropriate amendments. **Last action date 6/29/04 - read second time, amended and re-referred to Committee on Appropriations. Next hearing date 8/4/04.**

## **III. LTCIP Activity Update & Action Item Discussion**

- Stakeholder consensus was gained at Planning Committee meetings on March 9, 2004 for Action Item #1 and June 9, 2004 for Action Items #2 and #3
- MH&SA recommendation development process involved 50+ stakeholders that dedicated over 200 hours as participants in the full MH&SA workgroup, smaller working committee and/or larger Planning Committee
- MH & SA Recommendations are consistent with State Medi-Cal Redesign discussions
- Beginning phased implementation with the 65+ population is consistent with the MassSCO/HSD+ model
- The goal for HSD+ is to include the under 65 in a subsequent implementation phase once additional actuarial data and research on this population has been collected and analyzed. This will help to ensure that all stakeholder concerns have been addressed satisfactorily and that the system has the capacity and expertise to serve this population
- Suggested clarification for MH&SA recommendation #6 to be added to the rationale/explanation page: *"Contracts between DHS and health plans would allow health plans to certify psychiatrists, in accordance with applicable state requirements, as primary care physicians and also allow the health plans to contract with psychiatrists for this purpose."*

- The Administrative Action Plan for “Healthy San Diego Plus” (HSD+), together with the other two strategies, represents consensus from five years of planning activity on the part of hundreds of consumers, caregivers, providers and advocates in San Diego
- The AAP proposes a fully integrated, voluntary, service delivery model, with a capitated payment from Medi-Cal, and from Medicare for the “dually eligible.” AAP is the deliverable for the County’s FY 2003-04 State Development Grant
- State is now considering funding for counties to complete the final stages of planning for fully integrated models (i.e., HSD+). Submission of the AAP will allow the County to pursue that funding
- Network of Care strategy involves improved access to health and social service resources, including a plan to enhance the NoC website as a resource and communication tool for consumers, caregivers and providers. Funding for Network of Care strategy: three-year \$610,000 federal grant
- Physician Strategy goals include improving the fee-for-service system by incentivizing providers to improve chronic care outcomes with better resource information, enhanced communication, and consumer education and empowerment. Funding for Physician Strategy: \$142,000 California Endowment Grant
- The three strategies are complementary and will work together to improve San Diego’s ability to meet the needs of the increasing elderly and disabled population (see AAP for more detail)
- Board letter docketed for July 13, 2004 to continue development of all three strategies

#### IV. Action Items

##### **1. First Action Item – Support recommendations from Mental Health & Substance Abuse Workgroup:**

- 1) *Mental health and substance abuse services should be included in LTCIP, beginning phase-in with the 65 year old and older population;*
- 2) *Persons under 65 with severe and persistent mental illness and/or substance abuse issues are phased in to LTCIP at a later date when the collection of stakeholder concerns has been addressed satisfactorily;*
- 3) *Depression, mental health and substance abuse screening should be included in LTCIP risk screening;*
- 4) *Research on successful behavioral health models should be continued for the 65+ to insure a policy of parity between general medical care and behavioral health services at initial implementation. This will also be done for the under 65 when phase-in for this group is implemented;*
- 5) *LTCIP should protect existing funding principles for physical, mental health and substance abuse services, as a step toward delivering effective, integrated services;*
- 6) *State contracting language should allow psychiatrists to serve some primary care functions for persons with a primary diagnosis of mental illness.*

**Discussion & Vote:** All stakeholders present voted to ratify the recommendation of the Planning Committee to support the recommendations of the Mental Health & Substance Abuse Workgroup.

##### **2. Second Action Item – Support continued development of all 3 integration strategies (Network of Care, Physician, HSD+/Health Plan Pilots)**

**Discussion & Vote:** All stakeholders present voted to ratify the recommendation of the Planning Committee to support continued development of all three strategies.

**3. Third Action Item - Accept the Draft Administrative Action Plan as a working blueprint to continue planning for Healthy San Diego Plus (HSD+).**

**Discussion & Vote:** All stakeholders present voted to ratify the recommendation of the Planning Committee to accept the Draft Administrative Action Plan as a working blueprint to continue planning for Healthy San Diego Plus (HSD+).

**V. Announcements**

- Board letter to support continued development of all 3 integration strategies going forward July 13, 2004
- **Next Planning Committee Meeting on July 14, 2004, 10:30-noon, Sharp Healthcare Operations Center, 8695 Spectrum Center Court, San Diego, CA 92123.** Staff from the Wisconsin Partnership Program will be on hand to discuss strategies and successful techniques to improve chronic care management in fee-for-service or integrated systems. The Partnership Program is a unique variation of PACE (Program of All-Inclusive Care for the Elderly), which does not depend on the adult day care center and allows enrollees to keep their own primary care physician.

If you have questions or would like more information, please call (858) 495-5428 or email: [evalyn.greb@sdcounty.ca.gov](mailto:evalyn.greb@sdcounty.ca.gov) or [sara.barnett@sdcounty.ca.gov](mailto:sara.barnett@sdcounty.ca.gov)